

Application No. (if known): 10/523,899

Attorney Docket No.: 59562(71699)

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Fee Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1

page)

Notice of Appeal (1 page)

Amendment Transmittal (1 page)

Amendment and Response (8 pages)

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PTO/SB/17 (10-08)

A SOF	Approved for use through 06/30/2010. OMB 0651-00 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMER Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.											
₹/	Effecti	Complete if Known										
\$	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Application Number 10/523,899-C			onf. #9458				
					Filing Date		November 14, 2005					
l	For FY 2009			First Named Inventor		Ronald Rodriguez						
F	<u> FUI</u>	Examiner Name Q. J. Li). J. Li								
L	X Applicant claims sma	X Applicant claims small entity status. See 37 CF			Art Unit		1633					
L	TOTAL AMOUNT OF PAYME	ENT	(\$) 825.00		Attorney Docket	No. 5	9562(71699)					
	METHOD OF PAYMENT (check all that apply)											
I	Check Credit (
	X Deposit Account Dep	osit Account Num	ber:04-1	105	Deposit	Account Name:_	Edwards Ange	II Palmer &	Dodge LLP			
	For the above-iden											
	x Charge fee(s) indicated be	elow		Charg	e fee(s) indi	cated below, e	xcept for th	e filing fee			
L		additional fee(37 CFR 1.16	s) or underpaym and 1.17	nents of	x Credit	any overpay	ments					
	FEE CALCULATION							٠,				
1	I. BASIC FILING, SEARC	•										
ı		FILIN	IG FEES	SEA	RCH FEES	EXAMINA	ATION FEES					
ı	Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)			
ı	Utility	330	165	540	270	220	110					
l	Design	220	110	100	50	140	70					
١	Plant	220	110	330	165	170	85					
	Reissue	330	165	540	270	650	325					
	Provisional	220	110	0	0	0	0					
12	2. EXCESS CLAIM FEES								Small Entity			
	ee Description							Fee (\$)	Fee (\$)			
	Each claim over 20 (includ	_	•					52	26			
	Each independent claim ov		ng Keissues)					220	110			
ľ	Multiple dependent claims	tra Claims	Fee (\$)	_	. B. (4)			390	195			
١	Total Claims Ex	Fe	e Paid (\$)		Itiple Depend							
	HP = highest number of total cla	x aims paid for, if q	reater than 20.			<u>Fee</u>	(2)	Fee Paid (\$	1			
I	Indep. Claims Ex	tra Claims	Fee (\$)	Fe	e Paid (\$)		 -	-	_			
I	- 3 or HP =	x	=									
l	HP = highest number of indeper	ndent claims paid	d for, if greater than	3.								
3	B. APPLICATION SIZE FE If the specification and dr listings under 37 CFR sheets or fraction there	rawings exceed 1.52(e)), the	application size	fee due	e is \$270 (\$135 f	onically file for small ent	d sequence or ity) for each a	computer dditional 50)			
1	Total Sheets E	Fee (\$)	Fee Paid (\$)									
1	TOTAL OFFICE				Iditional 50 or frac							
	- 100 =		/50 =		(round up to a who	ole number) x	_	=				
4			/50 =		(round up to a who	ole number) x		= Fees	Paid (\$)			
4	- 100 =	ion. \$130 fe	e (no small enti	tv disco	ount)				Paid (\$) 5.00			

SUBMITTED BY	1				
Signature	\mathcal{X}	Registration No. (Attorney/Agent)	53,624	Telephone	(617) 517-5543
Name (Print/Type) Jonathan M. Sparks,	h.D.			Date	August 26, 2009